

**DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF PERSONNEL MANAGEMENT**

**SHIFT DIFFERENTIAL PAY REQUEST**

<b>AGENCY/INSTITUTION</b>	<b>Request authorization to pay shift differential pay to the following positions.</b>
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POSITION/ITEM NO.	POSITION AS AUTHORIZED/CLASS TITLE	CLASS CODE	GRADE	OPM USE ONLY

<b>AGENCY/INSTITUTION PERSONNEL REPRESENTATIVE</b>	<b>AGENCY DIRECTOR/INSTITUTION HEAD</b>
DATE: _____	DATE: _____

**OFFICE OF PERSONNEL MANAGEMENT - ACTION**

As authorized by Subchapter 2 of Chapter 5 of Title 21 of the Arkansas Code (Uniform Classification and Compensation Act), the Chief Fiscal Officer has taken the following action on your request:

☐ **APPROVED**
                         
 ☐ **DISAPPROVED**

<b>REVIEWED BY:</b>	
<b>OPM PERSONNEL REPRESENTATIVE</b>	<b>CLASSIFICATION &amp; COMPENSATION SECTION</b>
DATE: _____	DATE: _____